

Foster Family Home - Corrective Action Report

Provider ID: 1-170091

Home Name: Marianne Cacatian, CNA

Review ID: 1-170091-5

2421 Notley Street

Reviewer: Terri Van Houten

Honolulu HI 96819

Begin Date: 12/1/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 12/30/2020.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8) - CG#2, CPR/First Aid expired 10/12/19. Bloodborne Pathogen training was not renewed for 2020.

41.(c) - CG#2 does not have evidence of 8 hrs annual training in the last 12 months

3 Person Fire Safety, 3 Person Fire Safety (3P) Fire
Natural Disaster

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - Fire drill not conducted from 10/2020

Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- client bathroom missing grab rails near toilet (current clients are bedbound)

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - Emergency preparedness plan is not complete (missing location of evacuation, utility shut off information) and has not been signed as reviewed by CG#2 and HHM#2 and HHM#3

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Foster Family Home

Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - Budget last complete in 2018, no records of CCFFH finances maintained for last 2 years.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) - Current visiting hours are limited from 8am-8pm. Per "MY Choice, My Way" CCFFH is to offer open visitation . hours.

Foster Family Home

Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

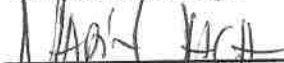
54.(a)(3) - CCFFH does not have a current list of community resources available to clients

54.(c)(5) - Client #1 and Client #2's MAR last documented on 11/24/20.
Client #1 is missing a prescribed medication (needs to be refilled). Last documented as given on 11/24/20.

54.(c)(6)- ADLs last documented for Client #1 and Client #2 on 11/24/20



Compliance Manager



Primary Care Giver

11/30/20

Date

11-30-20

Date

CTA RN Compliance Manager:

TERRI VAN HOUTEN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate:

MARIANNE CAGATIAN

(PLEASE PRINT)

CCFFH Address:

2421 NOTLEY ST. HONOLULU HI 96819

(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
41.(b)(e)	CG#2 COMPLETED CPR/1ST AID ON 12/05/2020. BLOOD BORNE PATHOGEN TRAINING STILL ON STANDBY (CERTIFICATE TOGETHER W/ 12 HRS. TRAINING) WAITING FOR OPENING OF CLASS DUE TO THE CAPACITY BECAUSE OF COVID. PAGE IN HOME RECORD	12/05/20	HAVE A LIST HANG & MADE WITH CG#1, CG#2, & DUE DATE & COMPLETE TASK BY & RA PLACED IN FRONT OF REFRIGERATOR.
41.(c)	CG#2 HAS COMPLETED 6 HRS. OF TRAINING BUT STILL HAS THE REMAINING 6 HRS. TO COMPLETE. (CLASS TAKEN ON 12/05/2020) WAITING FOR OPENING OF CLASS DUE TO THE CAPACITY BECAUSE OF COVID.	01/09/2021	HAVE A CHECK LIST, HANG & MADE WITH CG#1 & CG#2 NAME & LIST OF TASK WITH DUE DATE & COMPLETE TASK BY & PLACED IN FRONT OF FRIDGE.
87.(b)(1)	FIRE DRILL COMPLETED FOR THE MONTH OF OCT. PLACED IN HOME RECORD	12/04/20	CCFFH HAVE TO REMEMBER TO COMPLETE FORM. HAVE MONTH OF DATE FORM ON FRIDGE.
49.(a)(2)	CCFFH BOUGHT SUCTION GRAB BARS FOR NEAR TOILET	12/5/20	CCFFH HAVE TO REMEMBER JUST BECAUSE CLIENTS ARE BED BOUND NOT TO THROW AWAY SUPPLY (TOILET SEAT)
50.(A)	EMERGENCY PREPAREDNESS PLAN COMPLETE. SIGNED & REVIEWED BY CG#2, HHH#2 & HHH#3 PLACE IN HOME RECORD	12/4/20	CCFFH TO COMPLETE & CHECK EVERY ITEM IN CTA BOOK & PRINTOUT.
52.(b)	BUDGET FOR LAST 2 YEARS COMPLETED CCFFH HAS BUDGETS RECORDED FOR YEAR 2019 & 2020 PAGE IN HOME RECORD	12/4/20	CCFFH HAVE TO WRITE DOWN CTA PRINTOUT INSTEAD OF DELAYING ON SAVING BANK STATEMENT.

☒ All items that were fixed are attached to this CAP

PCG's Signature:

MARIANNE CAGATIANDate: 12/28/2020
☒ CTA has reviewed all corrected items